 <p>(to be used for all correspondence after initial filing)</p>	Application Number	09/700523
	Filing Date	11/15/2000
	First Named Inventor	David A Kapilow
	Group Art Unit	2641
	Examiner Name	
Total Number of Pages in this Submission	Attorney Docket Number	1999-0096C

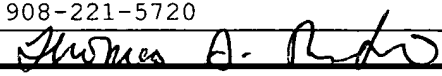
Enclosures (check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Preliminary Amendment <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits / Declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 <input type="checkbox"/> Response to Missing Parts/Incomplete Application	<input type="checkbox"/> Assignment & Recordation Cover Sheet <input type="checkbox"/> Drawing(s) & Letter to Official Draftsman <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition to the Commissioner <input type="checkbox"/> Petition to Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communications to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communications to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Return Receipt Postcard <input type="checkbox"/> CD, Number of CDs <input type="checkbox"/> Additional enclosure(s) (please identify below)
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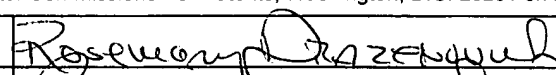
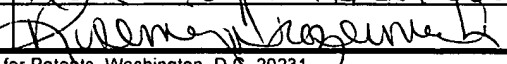
CORRESPONDENCE ADDRESS

<input checked="" type="checkbox"/> Customer Number or Bar Code Label	<div style="border: 1px solid black; padding: 5px; text-align: center;">Customer Number - 26652</div>	or <input checked="" type="checkbox"/> Correspondence address below	
NAME	Samuel H. Dworetzky		
ADDRESS	AT&T CORP. P.O. Box 4110		
CITY	Middletown	STATE	New Jersey
COUNTRY	United States of America	ZIP CODE	07748-4110
		FAX	732-368-6932

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

NAME	Thomas A. Restaino	Reg. #	33444
TELEPHONE	908-221-5720		
SIGNATURE		DATE	2/11/2002

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